



# Islamic Republic of Afghanistan Visa Application Form

|   |           |
|---|-----------|
| <b>Personal Details</b>   |           |
| Title:  |           |
| Family Name:  |           |
| Given Names:  |           |
|   |           |
| Father's Full Name:   |           |
|   |           |
| Date of Birth (Gregorian): DD / MM / YYYY   |           |
| Country of Birth:   |           |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow / Widower |           |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male   |           |
| Child: (Under 18 Years) <input type="checkbox"/> Yes <input type="checkbox"/> No  |           |
| Country of Residence:   |           |
| Nationality:  |           |
| Other Nationalities:  |           |
| <b>Contact Details</b>  |           |
| Current Address:  |           |
|   |           |
|   |           |
| Email Address:  |           |
| Mobile:   | Work Tel: |
| Home Tel:   | Fax:      |
| <b>Employment Details</b>   |           |
| Current Occupation:   |           |
|   |           |
| Employer's Name:  |           |
| Employer's Address:   |           |
|   |           |
|   |           |
| Previous Employer's Name:   |           |
| Previous Employer's Address:  |           |
|   |           |
|   |           |

**Visa Details**

Visa Type:

Purpose of Journey:     Business     Convention / Conference     Education     Employment  
                                   Exhibition     Visiting Friends / Family     Holiday     Other

Entry Date:

Point of Entry:

Intended Duration of Stay (days):

Number of Children Accompanied:

Places in Afghanistan intended to visit:

Complete Address in Afghanistan:

Have you ever visited Afghanistan before?

 No Yes*If yes, please provide details:*

Have you applied for an Afghanistan Visa before?

 No Yes*If yes, please provide details:*

Do you have a criminal record?

 No Yes*If yes, please provide details:***Passport Details**

Passport Type:

Passport Number:

Place of Issue:

Issue Date:

Expiry Date:

I declare that the information provided in this application is true and correct

**Signature:** *(please sign within the box)*

|  |
|--|
|  |
|--|

Date:    DD / MM / YYYY

Passport Photograph: *(Please Attach Within The Square Below).*

Note: The photograph must comply with the attached guidelines.

|   |  |
|---|--|
| <i>Please<br/>Attach<br/>Photo<br/>Here</i> | <p><b>Guarantor must endorse the photo</b></p> <p><i>This is a true photo of:</i></p> <p>_____</p> <p><i>(name of applicant)</i></p> <p>_____</p> <p><i>(signature of guarantor)</i></p> |
|---|--|